

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services**

AMBULANCE SURVEY REPORT – BASIC LIFE SUPPORT

<input type="checkbox"/> Annual	<input type="checkbox"/> Original
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Emergency Response
<input type="checkbox"/> MICU	<input type="checkbox"/> SCTU

Full Provider Trade Name (as on the provider application/license)		License Plate No.	Vehicle Rec. No.
Name on Vehicle		VIN Number	Survey Date
<input type="checkbox"/> READY FOR LICENSE <input type="checkbox"/> NEEDS RESURVEY			
Name of Surveyor (Print)		Signature	Date
Re-survey Date #1	Vehicle Mileage	Re-survey Date #2	Vehicle Mileage

- Yes No **GENERAL VEHICLE STANDARDS**
- ☐ ☐ Application and check or money order received.
Model Year _____ Mileage _____
- ☐ ☐ Valid NJ DMV Reg. - Exp: _____
- ☐ ☐ Valid Insurance card - Exp: _____
- ☐ ☐ Correct license plates & current valid DMV Expiration:
- ☐ ☐ Tires do not show signs of abnormal wear
- ☐ ☐ If gas, is exhaust system free of loose, or leaking joints, holes, leaking seams or patches
- ☐ ☐ Tail pipe extends beyond vehicle body and is not pinched or damaged
- ☐ ☐ All seats have approved automotive lap best type seatbelts
- ☐ ☐ Glazing / plastic free of cracks, sharp edges and discoloration
- ☐ ☐ Heater - A/C Heating or Cooling adequately
- ☐ ☐ All door and window gaskets in good condition and free of cracks, cuts or other damage

- Yes No **VEHICLE MARKINGS**
- ☐ ☐ Trade name on each side at least 4" high as it appears on the provider's license
- ☐ ☐ Rec. # on each side and rear and at least 3" high (1 to 6 characters)
- ☐ ☐ Mirror image of word "Ambulance" on front at least 4" high with 3" Star of Life on each side of word
- ☐ ☐ 16" Star of Life on each side. 12" Star of Life on rear; translucent or cut out, if on windows
- ☐ ☐ 6" word "Ambulance" or "Emergency Medical Services" on each side
- ☐ ☐ No smoking signs in patient and driver's areas
- ☐ ☐ No unauthorized wording or markings on vehicle
- ☐ ☐ All MICU vehicles markings comply with N. J. A. C. 8:41-9.7(a)1-5

- Yes No **GENERAL EQUIPMENT**
- ☐ ☐ All items stored in a crashworthy manner
- ☐ ☐ Positive locks on all cabinets and bench seats
- ☐ ☐ "Pediatric Assessment Chart" posted in pt. area
- ☐ ☐ Succinct list of cabinet contents on cabinet door
- ☐ ☐ No wheel chairs carried on vehicle

- Yes No **STANDARD SAFETY EQUIPMENT AND WARNING DEVICES**
- ☐ ☐ Vehicle equipped with emergency warning lights and a siren
- ☐ ☐ Three portable red reflective emergency road triangles or three battery operated flashers
- ☐ ☐ One working flashlight; two "D" cell size or larger
- ☐ ☐ One fire extinguisher rated 2A10BC or 3A40BC, fully charged or with current inspection tag
- ☐ ☐ Extinguisher safely mounted in vehicle

- Yes No **SANITATION**
- ☐ ☐ Patient/storage areas and patient care equipment clean, free of stains, deposits and odors
- ☐ ☐ Floor and seats made of impervious material and free of tears, cracks etc.
- ☐ ☐ Clean blankets, linen, pillow and mattress replacement linen on vehicle
- ☐ ☐ Plastic bags or covered containers shall be provided for all soiled supplies
- ☐ ☐ Vehicle equipped with a trash receptacle

- Yes No **EMERGENCY RESPONSE AND PATIENT ACCESS EQUIPMENT**
- ☐ ☐ Spring-loaded center punch, 1 prying level "crow bar" and an automotive safety belt cutter
- ☐ ☐ 1 standard flat head and 1 Phillips type screwdriver
- ☐ ☐ At least 2 protective multi-use jackets and 2 sets of gloves, head and eye protection for required staff. (Long term care facility response only is exempt.)
- ☐ ☐ **Automated External Defibrillator (AED)**
- ☐ ☐ DOT HazMat Guidebook and a copy of the EMS annex of the local emergency operations plan
- ☐ ☐ 50 Triage tags, "METTAG" type
- ☐ ☐ Spotlight, handheld optional
- ☐ ☐ 5 nasopharyngeal airways in assorted sizes and a water soluble lubricant

AMBULANCE SURVEY REPORT-BASIC LIFE SUPPORT, Continued

Vehicle Rec. No.		Survey Date
PATIENT COMPARTMENT DIMENSIONS AND REQUIREMENTS Yes No <input type="checkbox"/> <input type="checkbox"/> Manufactured after April 30, 1986 <input type="checkbox"/> <input type="checkbox"/> Manufacturer certifies vehicle to meet current KKK-A-1822 specifications <input type="checkbox"/> <input type="checkbox"/> Height at least 54" at or near center; length at least 116" <input type="checkbox"/> <input type="checkbox"/> Width at least 56" when measured at 52" above floor (include cabinets) <input type="checkbox"/> <input type="checkbox"/> Patient compartment distinctly separated from driver's compartment by bulkhead <input type="checkbox"/> <input type="checkbox"/> Patient compartment has both curbside and rear doors <input type="checkbox"/> <input type="checkbox"/> Each door equipped with auto manufacturer installed door handles <input type="checkbox"/> <input type="checkbox"/> Each door can be unlocked and opened from the inside and outside <input type="checkbox"/> <input type="checkbox"/> Each doorway opening at least 28" wide by 44" high <input type="checkbox"/> <input type="checkbox"/> Each door has a window; rear windows fixed and non-opening <input type="checkbox"/> <input type="checkbox"/> Attendant seat at head or side of stretcher <input type="checkbox"/> <input type="checkbox"/> Bench seats shall have a passive barrier at the forward end of the bench on all vehicles manufactured after July 1, 2002 <input type="checkbox"/> <input type="checkbox"/> Working interior lights in patient area <input type="checkbox"/> <input type="checkbox"/> Minimum 10" aisle between stretcher & bench seat STANDARD PATIENT TRANSPORT DEVICES, SPLINTS AND RELATED EQUIPMENT Yes No <input type="checkbox"/> <input type="checkbox"/> Adjustable wheeled litter with min 2" mattress <input type="checkbox"/> <input type="checkbox"/> Portable stretcher. Reeves type / folding type or of the combination stretcher/stair-chair type (Reeves type required for emergency response.) <input type="checkbox"/> <input type="checkbox"/> Wheeled litter retention system complies with current AMD standard 004 <input type="checkbox"/> <input type="checkbox"/> Each litter and stretcher has proper patient restraint devices in number, type and positioning <input type="checkbox"/> <input type="checkbox"/> Inflexible impervious long spine board with runners <input type="checkbox"/> <input type="checkbox"/> Orthopedic (scoop) litter <input type="checkbox"/> <input type="checkbox"/> Head immobilization device <input type="checkbox"/> <input type="checkbox"/> Commercially available vest type upper spinal immobilization device (K.E.D. type) <input type="checkbox"/> <input type="checkbox"/> Lower extremity traction splint <input type="checkbox"/> <input type="checkbox"/> 6 Rigid cervical collars in at least 3 different sizes and 1 being pediatric <input type="checkbox"/> <input type="checkbox"/> 6 padded, impervious splints; various sizes <input type="checkbox"/> <input type="checkbox"/> 4 straps 2"x 9' or clip on type straps with accommodating long spine board or commercially available backboard restraint (Spider Straps-type) <input type="checkbox"/> <input type="checkbox"/> Portable Stairchair <input type="checkbox"/> <input type="checkbox"/> Federally-approved child restraint system (required on emergency response vehicle at all times)		OXYGEN SYSTEM(S), COMPONENTS AND AIRWAY SUPPLIES Yes No <input type="checkbox"/> <input type="checkbox"/> Installed system; min. 3000 liter capacity with attached handle or wrench. Cylinder controls shall be accessible from inside the vehicle <input type="checkbox"/> <input type="checkbox"/> Port system; min. 300 liter capacity, spare, full 300 liter tank and attached handle/wrench <input type="checkbox"/> <input type="checkbox"/> Each O ₂ tank has medical grade O ₂ , color coded green, current hydrostatic test date, is tagged "full," "in use," "empty" or have a pressure indicating gauge <input type="checkbox"/> <input type="checkbox"/> Each system has a regulator set to 50 psi <input type="checkbox"/> <input type="checkbox"/> All O ₂ retention systems comply with AMD standard 003 and KKK-A-1822 <input type="checkbox"/> <input type="checkbox"/> 3 transparent domed facemasks, 1 each: adult, medium adult, and pediatric; with 22 mm fittings <input type="checkbox"/> <input type="checkbox"/> 3 adult, single service non-rebreathing masks: <input type="checkbox"/> <input type="checkbox"/> 2 single service nasal cannulas <input type="checkbox"/> <input type="checkbox"/> 4 oral airways: (1) large adult, adult, pediatric and infant (all single use) <input type="checkbox"/> <input type="checkbox"/> BVM: (1) adult, pediatric and infant MEDICAL SUPPLIES AND OTHER PATIENT CARE EQUIPMENT Yes No <input type="checkbox"/> <input type="checkbox"/> Stethoscope, B/P cuffs (obese adult, adult, pediatric) <input type="checkbox"/> <input type="checkbox"/> 2 pen lights for patient Exam, Trauma or bandage scissors <input type="checkbox"/> <input type="checkbox"/> 2 cloth blankets and 2 cloth or disposable sheets (60" x 80") <input type="checkbox"/> <input type="checkbox"/> 4 towels, 12 cravats, 2 rolls of medical adhesive tape <input type="checkbox"/> <input type="checkbox"/> 2 sets of personal protection (gowns/masks) <input type="checkbox"/> <input type="checkbox"/> Respiratory protection masks that are effective in filtering airborne pathogens (N95 particulate type) <input type="checkbox"/> <input type="checkbox"/> 2 sets of eye protection; 1 box exam gloves; latex free items recommended, 4 red "biohazard" type bags <input type="checkbox"/> <input type="checkbox"/> 1 liter sterile saline (plastic container and current exp. date), 2 fluid ounces of glucose <input type="checkbox"/> <input type="checkbox"/> 4 sterile multi trauma dressings, 12 conforming roller bandages at least 3" x 5 yards, 24 sterile 4 x 4's <input type="checkbox"/> <input type="checkbox"/> 2 sterile burn sheets, 4 occlusive dressings or sterile aluminum foil <input type="checkbox"/> <input type="checkbox"/> OB kit containing 4 towels, 12 sterile 4 x 4s, 4 cord clamps, bulb syringe, 1 receiving blanket, 4 pairs of sterile gloves and contents listed on exterior of kit

AMBULANCE SURVEY REPORT-BASIC LIFE SUPPORT, Continued

<p>Vehicle Rec. No. _____</p> <p>RADIO COMMUNICATIONS & REQUIREMENTS</p> <p>All Ambulance Providers</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Two way VHF high-band mobile radio(s) able to transmit/receive in patient and driver compartments</p> <p><input type="checkbox"/> <input type="checkbox"/> Mobile radio(s) operates on 155.340 MHz/JEMS 2, 155.280 MHz/JEMS 3 and 153.785 MHz/JEMS 4 and has a dual-tone, multi-frequency (touch-tone {R} type) encoder in patient or driver's compartment</p> <p><input type="checkbox"/> <input type="checkbox"/> Succinct list of all frequencies posted or an alpha-numeric frequency or common name display on the radio(s)</p> <p>Additional Requirements for Emergency Response</p> <p><input type="checkbox"/> <input type="checkbox"/> Must be capable of transmitting and receiving on the JEMS 1 frequency (Local per Appendix A)</p> <p><input type="checkbox"/> <input type="checkbox"/> Two way VHF high-band portable which operates on all the above frequencies</p> <p>PNEUMATIC TESTING</p> <p>Suction Units (Aspirators)</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Onboard: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Load or 20 minute operation</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow Rate \geq 30 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacuum \geq 300 mm Hg in 4 seconds</p> <p><input type="checkbox"/> <input type="checkbox"/> Maximum vacuum \geq 400 mm Hg</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> 20 minute operation</p> <p><input type="checkbox"/> <input type="checkbox"/> Suction unit operates \geq 20 minutes</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow Rate \geq 25 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Vacuum \geq 300 mm Hg in 4 seconds</p> <p><input type="checkbox"/> <input type="checkbox"/> Maximum vacuum \geq 400 mm Hg</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Oxygen Flow Meters</p> <p><input type="checkbox"/> <input type="checkbox"/> Onboard: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.0 L/min when \leq 5 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.5 L/min when 6-10 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 2.0 L/min when \geq 11 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> If dial-type: "clicks" into position</p> <p><input type="checkbox"/> <input type="checkbox"/> If valve-type: Takes >1 turn to go 0-15 L/min</p>	<p>Survey Date _____</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Oxygen Flow Meters</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.0 L/min when \leq 5 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 1.5 L/min when 6-10 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate within 2.0 L/min when \geq 11 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> If dial-type: "clicks" into position</p> <p><input type="checkbox"/> <input type="checkbox"/> If valve-type: Takes >1 turn to go 0-15 L/min</p> <p>SUCTION SYSTEM, COMPONENTS AND SUPPLIES</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> 12 volt powered installed suction unit located to permit suctioning of stretcher patient</p> <p><input type="checkbox"/> <input type="checkbox"/> Battery-powered portable suction device</p> <p><input type="checkbox"/> <input type="checkbox"/> Each unit has non-breakable collection bottle and 3' transparent 1/4" bore tubing</p> <p><input type="checkbox"/> <input type="checkbox"/> For each aspirator: 1 Yankauer type suction instrument 4 adult and 4 pediatric catheters of assorted sizes (1) size "8" and (1) size "18"</p> <p><input type="checkbox"/> <input type="checkbox"/> Infant Bulb Syringe (independent of OB kit)</p> <p>FLOW-RESTRICTED OXYGEN-POWERED VENTILATION DEVICES (FRPPVDs) (Optional)</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/> Onboard: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Provides 100% oxygen</p> <p><input type="checkbox"/> <input type="checkbox"/> O₂ flow stops when trigger is released</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate 35-45 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Pressure between 55-65 cm H₂O</p> <p><input type="checkbox"/> <input type="checkbox"/> Has standard 15/22 mm fittings</p> <p><input type="checkbox"/> <input type="checkbox"/> Portable: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> System is leak-free</p> <p><input type="checkbox"/> <input type="checkbox"/> Provides 100% oxygen</p> <p><input type="checkbox"/> <input type="checkbox"/> O₂ flow stops when trigger is released</p> <p><input type="checkbox"/> <input type="checkbox"/> Flow rate 35 L/min</p> <p><input type="checkbox"/> <input type="checkbox"/> Pressure between 55-65 cm H₂O</p> <p><input type="checkbox"/> <input type="checkbox"/> Has standard 15/22 mm fittings</p>
<p>Comments/Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	